

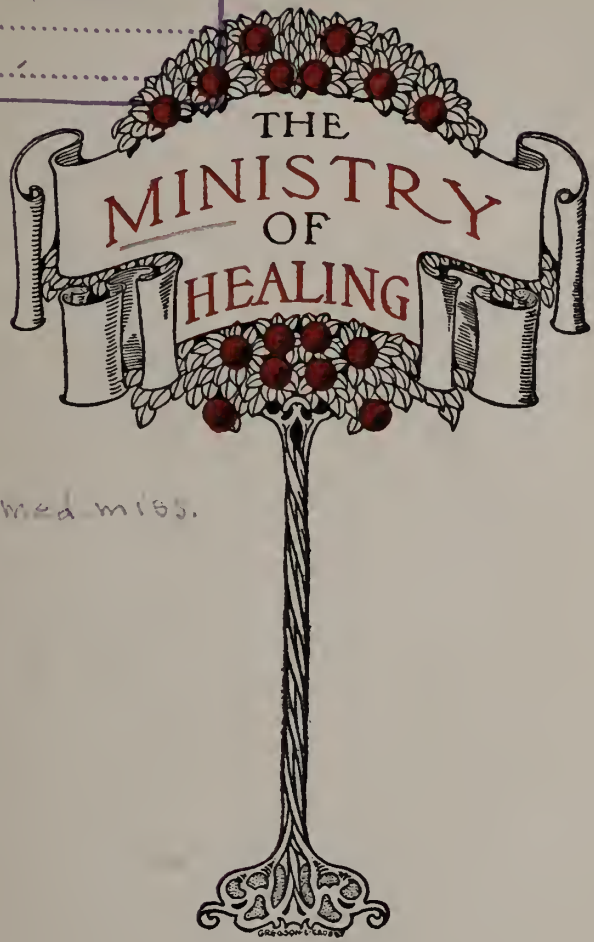
BUREAU OF MISSIONS.

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## HEALING THE SICK

BY SCHONHERA

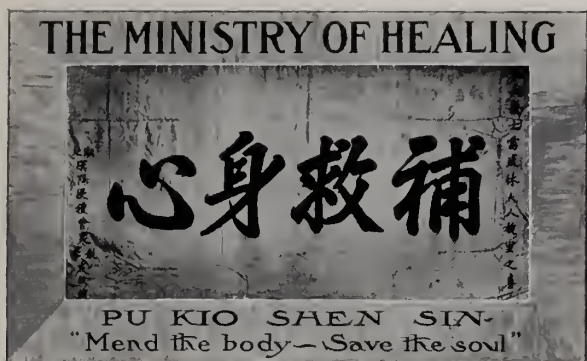
THE  
MINISTRY  
OF  
HEALING

An account of the medical work of the American Baptist  
Missionary Union



MISSIONARY ROOMS  
BOSTON, MASSACHUSETTS





The above is from a photograph of a banner presented to Rev. G. A. Huntley, M.D., by the native Christians of Hanyang, China

**A** MISSIONARY physician of wide experience in India has thus expressed his feeling as to the value and place of medical missionary work: "My own firm conviction after these thirty-four years of active medical work in India is that no mission is complete or doing all that it might, and ought to do, to hasten the coming of the kingdom of Christ, that has not, side by side with its church, evangelistic and educational work, a medical mission work, conducted in the most efficient manner possible, and with an eye constantly, not alone to the greatest professional success, but to the widest and most extensive spiritual good."

Medical missionary work is the greatest object lesson the world has ever seen since the life and

death of our Lord himself, and affords such an illustration of the spirit and import of the gospel as mere preaching never could. It breaks down prejudice, allays suspicion and overcomes superstition. Jesus himself used his works of healing as the most irresistible proof of his divinity. Surely, in the great work with which the Church has been commissioned, of proclaiming salvation to a lost world, we cannot hope to improve on the method of our divine example. How many times among those who have known nothing of love, gentleness or kindness, who have sunk even to the very depths of degradation, has a deep and lasting impression been made by the skilful touch of the physician, which has resulted in an openness of heart and receptivity to the truth which might have taken years to obtain otherwise. It is still true that,

Down in the human heart,  
Crushed by the tempter,  
Feelings lie buried that grace can restore;  
Touched by a loving heart,  
Wakened by kindness,  
Chords that were broken will vibrate once more.

So long as suffering humanity calls for the tender ministrations of the physician we shall offer no apology for including, among other missionary methods, this means of promoting the knowledge of our divine example who came "not to be ministered unto but to minister."



## MODERN BEGINNINGS

To the Danes and Moravians belong the honor of really inaugurating the modern enterprise of medical missions, although so little was done for fully a century and more that it may be considered to be largely of recent development. In 1730, the Danes first sent one physician, followed by another in 1732, to their mission in Tranquebar, where their influence became very great; and in 1747 the Moravians sent two doctors to the fire worshipers in Persia. It is of interest here to recall that the one who was appointed to accompany William Carey to India in 1792 was a doctor,



A morning clinic, Dr. W. H. Leslie and patients,  
Banza Manteke, Africa

by the name of John Thomas, and that it was through his professional services that Krishna Pal, the first Hindu convert, was brought under the influence of the missionaries and won to Christ. The London Missionary Society sent the renowned Dr. Vanderkemp to South Africa in 1798, and the ideal medical missionary, Dr. Robert Morrison, went to China in 1807.

### **PIONEERS FROM AMERICA**

The reading of a missionary leaflet, casually picked up by a young physician in New York City while waiting to see a patient, turned his attention to the appalling conditions of physical suffering in heathen lands, and to Dr. John Scudder belongs the honor of being the first medical missionary from America. He went to India under the auspices of the American Board (Congregational) in 1819. As a result of that decision, so little appreciated at the time, he and his wife each gave over thirty years of service to India, while his entire family of eight sons and daughters and several grandchildren have followed in their footsteps.

About the same time that Dr. Scudder was sent to India, Dr. Jonathan Price offered his services to the Triennial Convention (the former name of the Missionary Union), and in 1821 sailed for Burma. The knowledge of his skill as a doctor soon came to the attention of the emperor, and

Dr. Price was summoned to Ava, the capital, where for some months he received most cordial treatment. So great and favorable did the opportunity for mission work seem that Dr. Judson also went to Ava, in the hope that their united efforts might lead to the establishment of a mission in that important center. But they were doomed to grievous disappointment; for when the war between Great Britain and India broke out soon after, they were both seized as spies and thrust into prison where they languished for many weary months. Dr. Price's career was cut short in 1828 by pulmonary disease, which was doubtless aggravated by the terrible experiences of those days.

The name of Dr. Peter Parker, concerning whom it has been said that he "opened China at the point of the lancet," is well known the world over. He was a graduate of Yale University and sailed for China under the auspices of the American Board in 1835. He located in Canton. It is believed that his own personal efforts there resulted in physical blessing to at least 53,000 patients, and, indirectly, to an inestimable number. It was due to the efforts of Dr. Parker, in company with two physicians in the employ of the East India Company, that the Medical Missionary Society of China was formed in 1838. The organization of the Edinburgh Medical Missionary





Wounded soldiers in the Osaka Military Hospital, Japan

Society in 1841 resulted from Dr. Parker's visit to that city, when on furlough, and the influence of this society in Great Britain, India, China, Japan, Turkey, Persia, Africa and elsewhere, has ever been widening, till no adequate estimate can be made of the numbers treated or the blessings realized.

More than twenty years elapsed between the sending out of the first physician, and the second, by the Baptists of this country. It was in 1843 that Daniel J. Macgowan opened a hospital in Ningpo, China, where some of our most helpful medical work is still being conducted under the auspices of the Missionary Union. He found ample opportunity for the exercise of medical skill in the relief of the many forms of physical suffering prevalent there. Persistent and syste-

matic efforts were also made daily to disseminate gospel truth among the patients who constantly sought relief at his hands. During the last few decades a large number of well equipped men and women of all denominations have given themselves to medical mission work, until now at least 750 are in the employ of the various missionary societies of Christendom. But when we consider the teeming millions in the lands to which they have gone, and the prevailing ignorance of true medical science among oriental people, we are constrained to ask, "What are these among so many?" So far as the comparison of the number of physicians in heathen lands and in our own is concerned, the proportion is only about one to four thousand.

## **ORIENTAL BELIEFS AND PRACTISES**

In this brief sketch it would be impossible to picture fully the real conditions of life in these Eastern lands, where ignorance, squalor and heathenism have held unbounded sway for centuries. Nor is it possible for one to realize the awful extent to which physical suffering has gone unless he has been a witness to it. It is enough, however, if that which follows shall serve to make us more grateful for the privileges of our enlightened twentieth century civilization, and more eager to share these blessings with those who are less favored than ourselves. Especially is the ig-

norance of the human body, its constitution and the laws which pertain to the maintenance of health, a source of much misery and woe. It is a common belief that sickness is the work of evil spirits which have great power over the body, and that all suffering is brought upon one as a punishment for sin or for want of reverence of the gods. The sick one becomes an object of loathing and terror, and is commonly shunned rather than cared for, while the practises resulting from such a belief are often unspeakably cruel.

In China, ideas concerning the constitution of the body are most absurd and inaccurate. It is believed that the elements composing it are fire, earth, iron and water, and that so long as the proportion between these is properly maintained health is enjoyed; but as soon as one predominates over the other to an unusual degree, sickness ensues.

### **The Native Doctors**



The native doctor will tell his patient that he has five tubes leading from the mouth to the stomach, and will explain that each article of diet has an elective affinity for its own particular channel, lest they become entangled before reaching their assigned quarter, thus causing serious trouble. He will wear a

pair of spectacles of colossal size, and with a look of infinite wisdom will spend five or ten minutes in feeling the pulses of both hands. From the right pulse he professes to learn all about the condition of the heart, liver and kidneys; while the condition of every other organ will be indicated by the left.

Many diseases are ascribed to the influence of "wind" arising from some organ of the body; and frequently in order to allow this wind to escape, needles, varying in length from three to six inches, are inserted under the skin, as many as sixty or seventy having been thus inserted at one time under the skin of one man's head. Dr. Huntley mentions one doctor who inserted his longest needle through the thorax, bringing it out behind, between the backbone and the shoulder blade, an operation from the effects of which the man died.

Much suffering is inflicted upon patients, due to the belief that they are possessed of a devil or have lost one of their three souls. Upon such occasions the priests are called in who, with the beating of drums and gongs, will keep up a terrible din all through the night. The sufferer is probably in a small, stuffy room, where there is neither air nor sunlight, and with perhaps two or three kerosene lamps which, smoking badly, fill the room with soot. Beside the patient are from six to twenty women, talking and wailing alternately. If in the morning

the sick one is no better, the same procedure may continue; or possibly they will raise him to a sitting posture and beat him with clubs and fists to drive out the evil spirits.

Many of the prescriptions of the native doctors, while disgusting and nauseating, are not always



From a photo of image obtained from a needle doctor in Hanyang, China. The needles are from four to twelve inches long

serious in their results; but, as Dr. Frank Goddard suggests, when it comes to putting ground glass in a person's eyes, and cutting an artery, in the "bleeding" process, the treatment assumes an



aspect that is anything but humorous. The atrocious manner in which diseases of the eye are treated is perhaps as pitiful as any. For instance: One man explained to the doctor that he could see lights and shadows but could not discern any objects; the crude oculist said he only needed more light let in and straightway pierced each eyeball, thinking, with apparent sincerity, to accomplish in this way the desired result.

There are absolutely no regulations governing the practise of medicine in Siam, and anybody, from a coolie up, can secure recognition as a doctor. The consequences would be appalling if they were known; but owing to the lack of any official records of births and deaths they are overlooked. The few graduates of the Royal Medical College are employed by the government, and the common people are left to the tender mercies of the native practitioner. How "tender" these are the following incident related by Dr. Adamsen of Bangkok well illustrates: A man who was suffering from inflammatory rheumatism which affected his joints sought relief of the doctor. The latter was the possessor of a hypodermic syringe, and a brilliant idea struck him. He knew that when the hinges of a door were rusty and moved with difficulty, they were oiled. This man's hinges must be in the same condition, so he promptly injected sweet oil into the joint cavities, and great was his surprise at the disastrous result.

## **Appalling Ignorance**

Conditions in India are quite as bad as in other countries. In anatomy there is an elaborate system of guesses, and the people are taught that there are 900 bones in the body; that there is no difference in structure or function of nerves, veins, arteries and ligaments, and that the pulse is an organ independent of the heart. In the use of drugs there is the same appalling ignorance of their true action, coupled with the practise of employing very large amounts. Opium, croton oil, mercury and many other poisons are given with absolute recklessness, and many a patient dies not so much from disease as from the drugs used as remedies. Red hot irons are applied freely for such common complaints as toothache and headache. One physician says: "It is heartbreaking work to go among the villages of India and find what great multitudes there are diseased for life, blind, lame, deaf and dumb, beyond the possibility of a cure, because in infancy the simplest remedies were not available."

## **The Land of Witch Doctors**

In Africa sickness is regarded as the result of witchcraft. The only doctors are witch doctors, whose business is not to diagnose and treat the disease, but to find out who bewitched the sick or dead one. To accomplish this the doctor, arrayed in hideous garb, assembles the inhabitants of the village or town, and after a beating of the

drums and dancing selects some one as the perpetrator of the deed. It is in vain to protest innocence; and the poor victim is forced to undergo violent tests by fire or other means to prove his innocence or guilt.

### **Buried Alive**

Among the nations of the southern Pacific islands cutting is the universal remedy for every ailment. Amputations in the most savage manner are common, to prevent the spread of any disease; and in cases of delirium the patient is buried alive. It is related of a man in the Friendly Islands, who was thus buried, that in the frenzy of his delirium he twice burst open his grave and was at length lashed to a tree and allowed to die of starvation. It has been said that a common method of treating the insane in Siam is to bury them alive, and in all China there is not one hospital for this afflicted class.

### **THE CHRISTIAN ANTIDOTE**

How to deal with conditions like those described above so as to relieve the greatest amount of suffering and at the same time lead the people to a comprehension of the true motive which inspires all their ministrations, is the problem which confronts the medical missionaries. Circumstances, as well as the country in which



they live, must determine very largely their methods of work. Those who have large and well equipped hospitals under their care find their time largely occupied with the regular attendance upon patients, together with the daily dispensary and clinical work. Few, however, of the missionary doctors of the Union are fortunate enough to have such equipment, and must needs work in a more modest, but who shall say in a less effective, way. Certain cases with which the doctors come in contact appeal particularly for sympathy, and for these special treatment is offered.

### **A Cure for Opium Victims**

He who has once become a slave to this drug will, if need be, sacrifice everything he possesses to secure it. The terrible poison does quick work; it plays havoc with a man's natural energy and renders him indolent and enervated. He loses his will power and soon becomes a physical and moral wreck. Abandoned by his friends as hopeless, he turns to the missionary for relief. In the hospital he receives not only medical treatment but brotherly kindness, and the knowledge of a power greater than his own with which to combat the foe which has dragged him down. Multitudes have been brought out of their enslaved condition into freedom and joy through the gospel. Dr. Mackenzie of China, in writing of his experience with



An Opium Smoker in his Den

opium smokers says: "I always tell them the medicine is to relieve the pain and craving, but they are to pray to God to get the desire taken from them, and have new hearts given them. They thus carry back a knowledge of the gospel, north, east, south and west." He tells the following incident, which may be considered typical, of an opium smoker who was cured:

The man's name was Tai; he was a fortune-teller, of about twenty-five years of age, and appeared at the hospital emaciated and feeble, accompanied by his mother, an old lady over sixty years of age. He had squandered his earnings, broken down his health, and brought wretchedness upon his poor old mother as the result of the awful habit. He came to us chiefly because of her entreaties, and not from any real desire on his own part for a cure. This in itself made his case very unpromising. The step proved to be the turning

point in his career, however, for he became interested in the gospel, drank in the only antidote for his disease, and success in treatment followed as a necessary consequence. He became a true Christian, established himself in honorable business, and lived a consistent life, to the joy of his mother and the honor of his Lord.

But opium smoking is not all. One of the saddest yet most frequent calls to which the doctor responds is that of an "opium suicide," — frequently a woman or young girl, who is tired of life, and has resorted to the fatal drug as an easy way to end her trouble. Frequently, too, a man who wishes to take revenge upon an enemy will take his own life, thinking in this way to call down the hatred of all his relatives upon the one who has wronged him. Multitudes of such have been brought back from the very gates of death.

### **The Care of Lepers**

Throughout the Orient leprosy is common, and works the same terrible ruin that it did when our Saviour was on earth. The government of India has already provided asylums in some districts for the care of its victims, but multitudes wander about unprovided for in any way. Although the physician cannot speak the word of healing, as did the Master, he can in a large measure alleviate the suffering of those who come to him for care. The Missionary Union has never undertaken any special work for lepers, but individual mis-

sionaries have had opportunity to assist in relieving such unfortunates as were found in the vicinity of their work. The most prominent instance of this is in Moulmein, Burma, where in 1898 an asylum was opened as a branch of the English Society called the "Mission to Lepers in India and the East." Rev. Walter Bushell of our Karen Mission has been honorary vice-president and superintendent of the institution, and other missionaries have been identified with it, among whom should be mentioned the late beloved Dr. Ellen E. Mitchell, who started the work, Rev. and Mrs. Ernest Grigg, Mrs. E. O. Stevens and Miss Carr. The institution is doing a gracious work, but the assistance of a resident physician is greatly needed.

### **The Blind Receive their Sight**

The blind constitute a very large class of unfortunates, to whom the sympathy of our physicians has been deeply drawn and for whose care numerous asylums and schools have been opened. In many instances skilful surgery has partially or wholly restored the sight, and the gratitude of the patients has been surpassed only by their wonder at the miracle wrought in their behalf. It is safe to say that the treatment of no other disease has done so much to inspire confidence and to spread abroad the fame



of the physician as the restoration of sight to the blind.

Dr. George T. Leeds of Hsipaw, Burma, says that blindness is very common among the people there. He constantly meets with those whose eyes are in various stages of different diseases leading to blindness. Many hundreds of eyes have been saved by a timely application for careful treatment. He has successfully operated upon nineteen cases of total blindness from cataract, and writes that it is a great joy to render such assistance, for the gratitude of the people is deeply touching. As an illustration of the way in which such treatment opens the heart to receive the gospel, the following incident has been related by a missionary in China:

A farmer brought to the hospital his two daughters, aged thirteen and sixteen years, both totally blind from double cataract. They were operated upon and returned home with sight restored.



Sanitarium for Missionaries, on the mountain top near Tura, Assam

While in the hospital they received daily Christian instruction, and at length desired to confess Christ. After a few weeks' probation, and having given evidence of a change of heart, they were baptized. Three months after, they



returned with several of their sick neighbors and their mother, who had been blind over twenty years and was now forty years old. She said she did not expect to be healed of her blindness but she came to receive Christian instruction. Her eyes were operated upon and her sight restored. While in the hospital both she and her husband were brought to Christ. They were baptized the Sunday before they left, and so all returned home a happy Christian family, father, mother, and two daughters.

## **THE TWOFOLD NATURE OF THE WORK**

How to combine most effectively the work of preaching and healing among those who come under their care is with all missionary doctors a consideration of the first importance, and many ways have been adopted for attaining the desired end. At times it may be very simple, without definite organized effort, as in the case of one who told his experience as follows:

Sometimes I wake up in the night, and in thinking of some patient who has been very ill, I wonder if he is being properly cared for, as native assistants are not very trustworthy in matters of nursing. To satisfy myself I get up and go over to the ward to investigate; perhaps I merely tuck in the bedclothes which have slipped from their place; but sometimes the patient says: "Doctor, why did you do that? Why did you get up at this time of night to care for me? No one ever did that much for me before." That is my chance! That is the question for which I have been waiting; and then I seek to tell him of the One who came to minister to others, to be a servant of all, that he might win some to himself.

## Opportunities in South India

Dr. Timpany of Hanamakonda has devised a novel and effective method of making attendance upon the hospital contribute to the spread of the gospel:

The opportunity of proclaiming the gospel to all classes of people has never presented itself to us so advantageously as since the opening of the hospital. From seven o'clock to twelve the hospital is a busy place. The work of each day



Hospital in Hanamakonda, South India .

begins with reading and exposition of the Word and prayer. This is followed by the ordinary routine of medical work, while on the veranda a preacher, and as a rule a Bible woman also, are busy with the waiting people. Each patient on receiving treatment is given a gospel handbill, on which the numbers of his (or her) case and prescription are written. These must be presented when patients return for subsequent treatment and are, therefore, carefully preserved, and we

believe, widely read. These tracts have gone during the last two months into no less than 102 villages. We have already heard that they are passed from one to another for perusal, and even small groups have been seen reading and discussing them. In one large village some miles away, where the caste people have been specially bigoted, our preacher reports that since they have come in contact with the hospital some have even called him to talk with them. . . .

I believe the medical missionary has far greater and better opportunities for preaching and living the gospel of Jesus Christ than other missionaries. Their possibilities are limitless, or rather only limited by the extent of their physical endurance. Of the fully 11,000 people who visited our hospital last year, every one of them heard the gospel and almost all took home a handbill or tract. People came from nearly 200 different villages. What a lot of hard travel would have been required to visit all those villages, if one were to try. I see so many different ways where the medical work is helping us that I feel that we as a mission are losing much by not placing more stress upon it.

### **Work for Women in South India**

Reference to the medical missions of South India would be wholly inadequate if we failed to speak of that conducted under the auspices of the Woman's Baptist Foreign Missionary Society. The condition of women in the Orient has long made a strong appeal to their sisters in Christian lands, and the efforts that are continually put forth in their behalf are being richly blessed, not only in the alleviation of physical suffering, unspeakably sad, but in the spiritual refreshment that has come to many a sorrowful heart. At three important

stations in our Telugu field, Nellore, Nalgonda and Udayagiri, are well equipped hospitals now (1905) in charge of Dr. Lena Benjamin, Dr. Lorena Breed and Mrs. F. W. Stait, M.D., respectively; and many thousands receive treatment every year. Valuable aid is rendered also by several trained nurses, under whose special supervision comes the training of native young women as nurses and assistants. Dr. Clara Graham, an Eurasian young woman, also has had a large medical practise at Palmur. Dr. Ida Levering, who was formerly at Nellore, still continues a large amount of medical work, although in her present field at



A Parsee lady studying with  
Dr. Breed

Secunderabad she is without a suitable hospital. The practise of medicine by Christian women has proved more effectual in opening the homes of Mohammedans and high caste Hindus to Christian influence than any other work in India today; and doubtless for many years to come this will be the most effec-

tive weapon with which to meet the prejudice and pride of the millions of adherents to these

faiths. Dr. Stait of Udayagiri relates an experience in which, as a last resort, she was called to attend a suffering patient in one of the zenanas where the head of the house had been an ardent hater of missions. After the skilful and loving service she was able to render he said from the depths of his heart: "My door is ever open to any of you. The love that could work like that must have been found near the heart of the true God."

### **How it Works in China**

Dr. Huntley of Hanyang practised for years with accommodations wholly inadequate, but upon returning to his field early in 1905, after furlough, his first efforts were directed to the erection of an excellent hospital. He says:

The gospel services in the hospital have been conducted in about equal proportions by my valued native assistant, Lan Chen Tao, and myself; and here we find our best work along spiritual lines. In these services we have continued our readings on the life of our Lord, and once every ten days have given a magic lantern exhibition of pictures illustrating the Scriptures studied. Thus through the eye as well as through the ear we seek to lead the patients into the Kingdom. There has been a willingness, yes, an eagerness, to learn the truth which we have not experienced before; and our hearts have rejoiced as we have seen some definitely accept Christ as their Saviour. . . .

There is a peculiar advantage in medical work in that the missionary by that means is brought into contact with the dying. Some of my most glorious experiences in China have been by the bedside of some heathen, whose heart has readily trusted the Saviour at the eleventh hour. One day a

man named Wang came to our dispensary ; he was suffering from an incurable disease which was only alleviated by operation, and in order to save him the long journey for which he was unfit I offered to visit him in his home. The Holy Spirit had been working, for the man accepted the Saviour like a little child. All the idols which the family had worshiped for generations were torn down and brought to our service on Sunday, and burned. A week before Mr. Wang died I took out my Chinese New Testament and was about to read to him the fourteenth chapter of John. I explained that Jesus spoke these words when his disciples were in sorrow, to comfort them. He stopped me at the conclusion of the first sentence, " Let not your heart be troubled," and said, " Don't read that, pastor, that is not appropriate. I am not troubled, I am happy ; my sins are all washed away in the blood of Jesus, and I am going home." A week later our evangelist saw him, and leaning over the dying man he said, " Brother Wang, do you remember anything about the doctrine ?" The purple lips quivered, and he said, *Kiu-chu*, " Saviour," and passed away.

The limits of this leaflet forbid our giving a comprehensive view of the medical work of all our missionary physicians in China. At Ningpo, one of the earliest places to have the presence of a doctor, Dr. J. S. Grant has for years been rendering efficient service with but moderate facilities. Dr. Eubank at Huchow has been greatly encouraged by the native contributions toward the support of the work, and feels that he is getting a better hold upon the people as the years go by. He pleads for better equipment.

It was a happy day at Swatow in the fall of 1904, when two beautiful new hospital buildings



Hospital Buildings, Swatow, China

were opened. These are largely the result of the careful planning and persevering efforts of Dr. Anna K. Scott, who gave fifteen years of loving service to that field. Dr. R. E. Worley assumed charge in 1903, and with him is associated Dr. Margaret Grant who has the care of the woman's work. Dr. Josephine Bixby of Kiehyang has at length received money for a hospital, and is conducting a splendid work in one of our most important fields in South China. The last two mentioned are under the auspices of the Woman's Baptist Foreign Missionary Society of the West.

In West China, at Suifu and Yachow, Dr. Tompkins and Dr. Corlies now have good hospitals which are proving most valuable adjuncts to the work in those strategic centers. Dr. Corlies speaks with special interest of the class of men who have been reached through the opium refuge. Dr. F. K. Goddard of Shaohsing hopes to receive soon the necessary funds for his equipment, for the lack of which hitherto he has experienced considerable limitation in his work.

### **Appreciation of the King of Siam**

The work of the Union in Siam, although not extensive, antedates that in China by a number of years. The one representative of the Union who has held the fort alone for a long time is Dr. H. Adamsen, whose medical services have come to be recognized by the king and queen as



so valuable that special grants of money are annually placed in his hands with which to introduce the use of scientific remedies for disease throughout the country. Hitherto the terrible scourge of smallpox has carried off thousands of people annually. Dr. Adamsen is now successfully making vaccine, and the use of it is becoming widespread. He also has under his direction the



Dr. Adamsen and the Vaccine Staff, Bangkok, Siam

only school in the country for the training of nurses. It is supported by the queen, and its graduates are proving very influential in the homes of Siam.

### **Trained Native Assistants**

Dr. Crozier of Tura, Assam, has been particularly successful in training native assistants, some

of whom are now able to travel in the district and dispense medicine as well as preach the gospel. He says:

My assistant has had twenty-one months' training in the dispensary and has become quite proficient in the medical, the operative, and also in the clinical work, so that I can now give myself more largely to the work of preaching and teaching. We are continuing to train men to go out among the people equipped for this work. One man, who has been under training in the dispensary, has been out a little over three months engaged in medical and evangelistic work. One teacher, who has recently been appointed an evangelist by one of the associations, is using medicines with increasing success, and one pastor reports encouragingly of the use of considerable medicine as he goes about among the people and the surrounding heathen villages.

### **On the Frontier of Burma**

Medical work in Burma, for the most part, is confined to the newer and more remote stations on the frontier. Dr. Harper, away up in the northern part, among the Shans at Namkham, has been very energetic in securing a fine hospital with almost no financial aid from the Union. Dr. E. H. East, among the Chins of northwestern Burma, in Haka, through the help he has been able to give to the sick and suffering has gained access to hearts that were supposed to be almost impervious to anything good or elevating. Provision has been made for a building among these people to be known as the "Emily Tyzzer Memorial Hospital"; and

it is hoped that all who share its comforts will find rest and peace for the soul as well as healing for the body.

Dr. A. H. Henderson, who has been for a number of years at Mongnai, speaks of the peculiar power of the medical work in fighting the superstitions of the people. Hysteria and madness often appeal to these people as the work of demons and witches; rheumatism is not infrequently explained in the same way, and a delirious person becomes an object of dread. To cure these ailments proves either that the doctor can drive away these evil influences, or that after all it was only



Dr. Gibbens' Dispensary and Home, Kengtung, Burma  
The living room is on the right

disease, as he said. The last frontier station to be opened in Burma is Kengtung, a Buddhist stronghold in the Shan states in the extreme eastern part of Burma. Dr. H. C. Gibbens is in charge of the medical work. The recent great tribal movement toward Christianity among the Muhsos of this region has opened an avenue for effective medical work.



Dispensary at Banza Manteke. Drs. Leslie and Mabie in the doorway

### **Working under Difficulties**

Our doctors in Africa have never had more than the most meagre equipment and limited accommodations for the care of the sick. Dr. A. Sims of Matadi has been longest on the field, and has established a reputation throughout the lower

Congo region for skill and efficiency. Dr. W. H. Leslie and Dr. Catharine L. Mabie share the work at Banza Manteke, giving much of their time, however, to other things because of the painful inadequacy of workers. Mrs. Henry Richards has also considerable skill in the use of medicines although she is not a regularly educated physician. There is one small building which serves as a hospital in which only a few can be cared for at a time. Most of the assistance rendered is in the nature of dispensary work, and is given to such as are able to apply for it in person. The best hospital building in our Congo Mission is at Mukimvika, and has been in charge of Dr. F. P. Lynch for several years. Dr. Kirby of Lukunga, for want of a better place, had his dispensary in his house. We have no physician on the upper Congo.

Many pitiful cases are brought to the attention of the doctors in Africa. Pneumonia, fevers and dreadful ulcers are particularly common, but nothing is sadder than the sleeping sickness for which there is no known cure, although it is possible at times to allay the progress of the disease for a period.

### **The Philippine Islands Appeal for Help**

The appeal for medical help in the newest mission of the Union has been pressing from the first, as there is much acute suffering from malarial

fevers and other forms of illness, concerning the proper treatment of which the people know nothing. Dr. P. H. J. Lerrigo, the first to respond to this need, found a most interesting field of service as well as a grateful and appreciative people. Upon his enforced return to America he was succeeded by Rev. R. C. Thomas, M.D. There should be at least three physicians to occupy the large field which legitimately belongs to us; not only for the inestimable blessings they might bestow upon a helpless people, but to safeguard the health of the missionaries themselves, who are subjected to much hardship in this trying climate.

## **IMPORTANT NEEDS OF THE UNION**

When considered in the light of the general prevalence of disease in all these countries, it looks like a hopeless task to attempt to meet the many calls for help. But one thing is clear, that we should give suitable support and necessary equipment to the medical workers already on the field. Scarcely a doctor has been sent out recently who has not been obliged to wait at least a year, and generally longer, for a suitable dispensary or a modest hospital; and some have worked a long time with only a dark, poorly built, unsanitary native house in which to re-

ceive and care for the sick. Several thousand dollars could be used immediately and advantageously in giving only a modest equipment to those who are still sorely handicapped without it. The question, also, of supplying vacancies when the time of furlough comes is a perplexing one. Some well-equipped hospitals have had to be closed for a year or more at a time, because the missionary has had to return home and no one was available to take his place. Not only does the work thus cease and the property remain idle, but if there are other missionaries on the station they too are left without suitable care.

Besides the fields already occupied by the Union, there are a number of other pressing calls for doctors which it has been impossible to meet, from lack of suitable candidates and necessary funds for their equipment. A missionary physician for the Naga Hills in Assam has for a long time been deemed a necessity, and at the time of this writing (1905) it is hoped that one will soon be sent. We would be glad indeed if this little sketch might bear a message to the hearts of some of the many young men and women who are medically equipped, to devote themselves to this Christlike form of service among the millions of needy and suffering humanity,



and to some of God's stewards, whose money is so sorely needed to sustain and extend this work in all departments.

*“Then shall the righteous answer him, saying, Lord, when saw we thee an hungred, and fed thee? or thirsty, and gave thee drink? When saw we thee a stranger, and took thee in? or naked, and clothed thee? Or when saw we thee sick, or in prison, and came unto thee?”*

*“And the King shall answer and say unto them, Verily I say unto you, Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me.”*



Mission Hospital, Nellore, South India



## OUR MEDICAL WORKERS

April, 1905

### BURMA

Mrs. H. MORROW, M.D., Tavoy  
Mrs. E. W. KELLY, M.D., Mandalay  
W. C. GRIGGS, M.D., Bhamo  
Rev. F. P. SUTHERLAND, M.D., Sagaing  
Rev. GEORGE T. LEEDS, M.D., Hsipaw  
Mrs. C. L. DAVENPORT, M.D., Mandalay  
A. H. HENDERSON, M.D., Mongnai  
Rev. M. B. KIRKPATRICK, M.D., Namkham  
Rev. ROBERT HARPER, M.D., Namkham  
Rev. E. H. EAST, M.D., Haka  
Rev. TRUMAN JOHNSON, M.D., Loikaw  
H. C. GIBBENS, M.D., Kengtung

### ASSAM

G. G. CROZIER, M.D., Tura  
Rev. S. W. RIVENBURG, M.D., Kohima

### SOUTH INDIA

CAROLINE W. COATS, M.D., Ramapatam  
Mrs. IDA LEVERING, M.D., Secunderabad  
Rev. J. S. TIMPANY, M.D., Hanamakonda  
Mrs. F. W. STAIT, M.D., Udayagiri  
Mrs. LORENA BREED, M.D., Nalgonda  
LENA BENJAMIN, M.D., Nellore

### SIAM

Rev. H. ADAMSEN, M.D., Bangkok

### CHINA

Miss ANNA K. SCOTT, M.D., Swatow  
Miss JOSEPHINE BIXBY, M.D., Kiehyang  
Miss MARGARET GRANT, M.D., Swatow  
J. S. GRANT, M.D., Ningpo  
Rev. M. D. EUBANK, M.D., Huchow  
C. E. TOMPKINS, M.D., Suifu  
BRITON CORLIES, M.D., Yachow  
Mrs. F. J. BRADSHAW, M.D., Kiating  
Rev. G. A. HUNTLEY, M.D., Hanyang  
R. E. WORLEY, M.D., Swatow  
F. W. GODDARD, M.D., Shaohsing

### AFRICA

W. H. LESLIE, M.D., Banza Manteke  
CATHARINE L. MABIE, M.D., Banza Manteke  
F. P. LYNCH, M.D., Mukimvika  
H. W. KIRBY, M.D., Lukunga  
A. SIMS, M.D., D.P.H., Matadi

### PHILIPPINE ISLANDS

Rev. P. H. J. LERRIGO, M.D.  
Rev. R. C. THOMAS, M.D.



